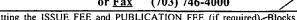
## PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000



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appropriate. All further coindicated unless corrected maintenance fee notification	respondence including the below or directed otherwise as.	Patent, advance or in Block I, by (a	ders and noti ) specifying	ification of a new com	f maintenance fees respondence address	will be mailed to the currents; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  7590 01/05/2004  Michael F. Scalise					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  Liberally certify that this Fee(s) Transmittal is being deposited with the United			
Hodgson Russ LLP Suite 2000 One M&T Plaza Buffalo, NY 14203-2391				Si ac tr	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.			
					Rosemarie	Contella	(Depositor's name)	
					January 29	in Corruer 2004	(Signature) (Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/992,227	11/19/2001	Hong Gan				04645.0843	5405	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		`	\$300	\$1630	04/05/2004	
EXAMINER		ART UNIT		CLA	SS-SUBCLASS	ר		
WEINER, LAURA S		1745			429-241000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.    Michael F. Scalise   2   2   2   3				
	EE	low, no assignee de submitted under sep (B	ata will appe: parate cover.	ar on the p Completio CE: (CITY Vehrle	ratent. Inclusion of a n of this form is NO and STATE OR CO Drive	assignee data is only appropri T a substitute for filing an ass DUNTRY)	ate when an assignment has ignment.	
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4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):	•			
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